



Injection Drug Users

Introduction

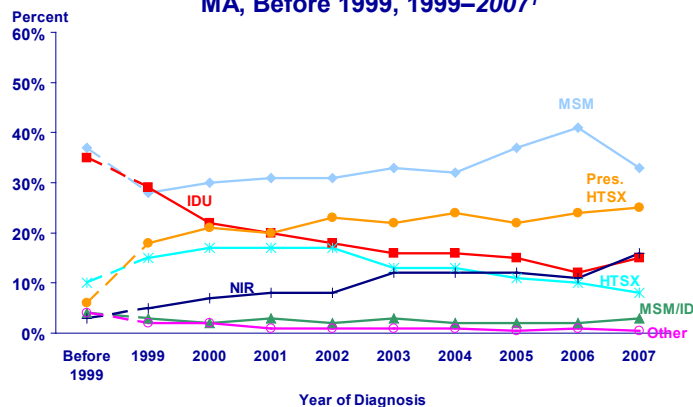
For much of the history of the HIV/AIDS epidemic in Massachusetts, injection drug use (IDU) has been a leading mode of HIV transmission. Injection drug use not only contributes to the spread of HIV through the sharing of needles, syringes and other equipment among those who inject, but also through transmission to the sexual partners of injection drug users. There are encouraging signs injection drug users have substantially reduced their risk of transmission of HIV.

Please note that for the purposes of this fact sheet injection drug use (IDU) exposure mode includes both IDU and male-to-male sex (MSM) and IDU (MSM/IDU) unless otherwise stated.

General Statistics:

- As of December 31, 2008, 28% (N=4,902) of people living with HIV/AIDS (PLWH/A) were reported with IDU as an exposure mode. An additional 5% (N=939) of PLWH/A were reported to be exposed to HIV through heterosexual sex with an injection drug user. One-hundred and nine children living as of December 31, 2008 were born to HIV-infected mothers who injected drugs and/or had sex with an injection drug user.
- Among people diagnosed with HIV infection within the three-year period 2005 to 2007, 16% (N=355) were reported to be exposed to HIV through IDU and an additional 3% (N=59) were reported to be exposed through heterosexual sex with an injection drug user.
- The proportion of people diagnosed with HIV infection who were reported to be exposed to HIV through IDU (not including those with a history of male-to-male sex) decreased from 29% in 1999 to 15% in 2007.ⁱ

Figure 1. Percentage Distribution of People Diagnosed with HIV Infection by Exposure Mode and Year of Diagnosis: MA, Before 1999, 1999–2007¹



Note: a dashed line is used to distinguish between pre-1999 data (which is an aggregate of multiple years) and annual data for subsequent years. ¹ 2007 data are preliminary. The transition to name-based reporting has resulted in a delay in finalizing the dataset for 2007; Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 1/1/09

Regional Distribution:

IDU was the leading reported mode of exposure in the Central and Western Health Service Regionsⁱⁱ among people living with HIV/AIDS. However, among people diagnosed with HIV infection within the three-year period 2005 to 2007, IDU was the leading mode of exposure in none of the Health Service Regions of the Commonwealth.

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2005 to 2007, the following have the highest proportions of infection with all IDU as the reported mode of exposure (N=number with IDU and MSM/IDU as exposure mode):

• Holyoke	41%	(N=16)
• New Bedford	30%	(N=17)
• Springfield	30%	(N=42)
• Chicopee	22%	(N=5)
• Worcester	18%	(N=21)
• Lowell	17%	(N=10)
• Lawrence	17%	(N=9)
• Somerville	16%	(N=8)
• Framingham	15%	(N=5)
• Fall River	15%	(N=3)





Injection Drug Users

Gender:

- Of 4,902 PLWH/A who were reported exposed to HIV through all IDU, 72% were male and 28% were female. Likewise, among people diagnosed with HIV infection within the three-year period 2005 to 2007 with all IDU exposure, 72% were male and 28% were female. This mirrors the overall male/female distribution of prevalent HIV/AIDS cases in Massachusetts.
- Among PLWH/A with IDU-related exposures, such as heterosexual sex with an injection drug user and being a child born to an HIV-infected mother who injected drugs or had sex with an injection drug user, females accounted for 77% and males 23% of cases. Females accounted for 64% of recent IDU-related HIV diagnoses and males 36%.

Race/Ethnicity:

- Thirty-nine percent of PLWH/A on December 31, 2008 with a reported exposure mode of IDU were white (non-Hispanic), 23% were black (non-Hispanic), 37% were Hispanic and 1% were of other race/ethnicities. Similarly, among people diagnosed with HIV infection within the three-year period 2005 to 2007, with a reported exposure mode of IDU, 43% were white (non-Hispanic), 17% were black (non-Hispanic), 39% were Hispanic and 1% were of other race/ethnicities.
- Of females living with HIV/AIDS with a reported exposure mode of IDU, 48% were white (non-Hispanic), compared to 36% of males, and 29% were Hispanic, compared to 40% of males. Twenty-three percent of both males and females were black (non-Hispanic).

Age:

- Among persons diagnosed with HIV infection within the three-year period 2005 to 2007, those with a reported exposure mode of IDU were less likely to be adolescents/young adults than those with other modes of exposure. Four percent of injection drug users diagnosed with HIV infection within the three-year period 2005 to 2007 were 13–24 years old compared to 9% of people exposed to HIV through other modes.
- On December 31, 2008, 1% of PLWH/A exposed to HIV infection through IDU were under 30 years old, compared to 7% of PLWH/A exposed through other modes of exposure.

Among PLWH/A exposed to HIV infection through IDU, 12% were 30-39 years old (compared to 20% of those exposed through other modes); 47% were 40-49 years old (compared to 41%); 35% were 50-59 years old (compared to 24%); 5% were age 60 years or above (compared to 8%).

HIV-Related Morbidity and Mortality among IDU:

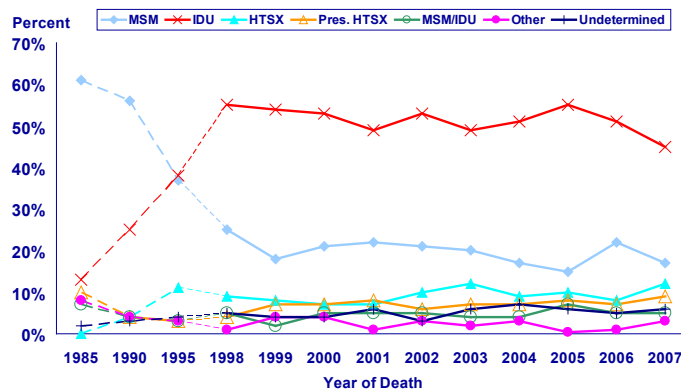
AIDS Diagnoses: An AIDS diagnosis signifies disease progression and may be an indicator of late HIV diagnosis, delayed entry to medical care, treatment failure, or limited access to medical care.

- From 1998 to 2003, injection drug use (not including those with a history of male-to-male sex) accounted for the largest number of AIDS diagnoses among exposure modes. In 2004 the number of AIDS diagnoses attributed to injection drug use and male-to-male sex was equal (N=163). From 2005 to 2007 the number of AIDS diagnoses attributed to injection drug use has fallen below the number attributed to male-to-male sex.

Mortality with AIDS

- From 1998 to 2007, the proportion of deaths among people diagnosed with AIDS represented by those exposed to HIV infection through IDU ranged from 55% to 45%.

Figure 2. Percent of Deaths among Persons Reported with AIDS by Mode of Exposure and Year of Death: Massachusetts, 1985–2007¹



Note: a dashed line is used to distinguish between data points that span multiple years and annual data points for subsequent years. Data Source: MDPH HIV/AIDS Surveillance Program; ¹ 2007 Data are preliminary Data as of 1/1/09





Massachusetts HIV/AIDS Data Fact Sheet

Injection Drug Users

Injection Drug Use among Youth in High School:

- In 2007, 2.5% of all respondents to the Massachusetts Youth Risk Behavior Survey reported ever using a needle to inject an illegal drug.
- As in prior years, in 2007, injection drug use was more common among males (3.3%) than among females (1.6%) but did not vary substantially by grade.

Injection Drug Use among Program Participants:

Needle Exchange Participants

- Among 1,996 participants in state-funded needle exchange programs in state fiscal year 2008, 33% reported being under age 20 years at first injection.

Substance Abuse Admissions

- From state fiscal years 1999 to 2008, the percentage of admissions to state-funded substance abuse treatment programs reporting the use of a needle to inject drugs within a year of admission rose from 25% to 32%. The number of admissions reporting needle use within one year increased 11% from 29,437 in fiscal year 1999 to 32,568 in fiscal year 2008.
- From state fiscal years 1999 to 2008, the percentage of admissions to state-funded substance abuse treatment programs for heroin addiction increased from 32% to 37% of total admissions. During this time period, the number of admissions for heroin use decreased slightly from 37,352 in fiscal year 1999 to 36,803 in fiscal year 2008.
- Ninety percent of admissions to state-funded substance abuse treatment programs in fiscal year 2008 who reported needle use within the past year were unemployed, compared to 69% of admissions who did not report needle use; 33% were homeless compared to 18% of admissions who did not report needle use.

Data Sources:

HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program; data as of January 1, 2009

YRBS Data: Massachusetts Department of Elementary and Secondary Education, 2007 Youth Risk Behavior Survey Results

Needle Exchange Data: MDPH Office of HIV/AIDS, Prevention and Education Program

Substance Abuse Admissions: MDPH Bureau of Substance Abuse Services

Additional References of Interest:

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ⁱ Caution should be exercised when considering changes in trends for 2007. Implementation of a new reporting system in 2007 may have led to differential reporting within race/ethnicity, gender and exposure mode as providers serving various populations reported at different rates at the beginning of the new reporting system.

ⁱⁱ HSRs are regions defined geographically to facilitate targeted health service planning. See Epidemiologic Profile General Appendices, Health Service Region Maps, available at http://www.mass.gov/Eeohhs2/docs/dph/aids/2006_profiles/app_hrs_maps.pdf for configuration of health service regions. Reflects the health service region of a person's residence at the time of report (not necessarily current residence).



For detailed data tables and technical notes see Appendix
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